

Mississippi Forestry Commission - Monthly Transport Inspection Report

County: _____ Operator: _____ Date: _____
 Make/Model: _____ Odometer At Inspection: _____ MFC#: _____

SERVICE DATES & MILEAGE:

- (change every 5,000 miles or 12 months OEM; International Truck- 400 hours or 12 months)
- A. **Oil/filter changed** (date) _____ (mileage) _____ 12 months)
- B. **Greased** (date) _____ (mileage) _____ (at least monthly)
- C. **Fuel filter changed** (date) _____ (mileage) _____ (change every 5,000 miles or 12 months)
- D. **Fuel/water separator changed** (date) _____ (mileage) _____ (change as debris/water shows up in glass filter)
- E. **Air filter changed** (date) _____ (mileage) _____
- F. **Coolant filter changed** (1999 Int. truck only) (date) _____ (mileage) _____ (change annually)
- G. **Extended life coolant changed** (date) _____ (mileage) _____ (add additive booster every 3 years and change coolant every 6 years)
Booster Added (date) _____ (mileage) _____
- H. **Rear axle filter changed** (1999 Int. truck only) (date) _____ (mileage) _____ (change annually)
- I. **Cabin air filter changed** (2004/2007 Sterling only) (date) _____ (mileage) _____ (change every 6 months)

ENGINE, COOLING SYSTEM AND EXHAUST SYSTEM:

- A. **Is engine performing as needed?** ☐ yes ☐ no If no, explain? _____
- B. **Any oil leaks?** ☐ yes ☐ no If yes, where? _____
- C. **Is coolant reservoir full?** ☐ yes ☐ no
- D. **Are engine belts in need of being replaced?** ☐ yes ☐ no
- E. **Is engine oil at full mark?** ☐ yes ☐ no
- F. **Is engine clean?** ☐ yes ☐ no
- G. **Any coolant leaks?** ☐ yes ☐ no If yes, explain _____
- H. **Do any hoses need to be replaced?** ☐ yes ☐ no If yes, which one? _____

LIGHTS, SAFETY EQUIPMENT, INSTRUMENTATION, TRUCK CAB:

- A. **Does the horn work properly?** ☐ yes ☐ no
- B. **Are headlights working properly?** ☐ yes ☐ no If no, explain _____
- C. **Is the fire extinguishers fully charged?** ☐ yes ☐ no
- D. **Are all bed lights and tail lights working properly?** **Bed lights** ☐ yes ☐ no **Tail lights** ☐ yes ☐ no
- E. **Are all side reflectors and reflective tape attached to bed?** **Side reflectors** ☐ yes ☐ no **Reflective tape** ☐ yes ☐ no
- F. **Is the first aid kit fully stocked** ☐ yes ☐ no? If no, what do you need to restock it? _____
- G. **Are all of the dash gauges operating correctly?** ☐ yes ☐ no If no, which ones? _____
- H. **Is the inspection sticker valid?** ☐ yes ☐ no
- I. **Is the truck clean?** **Interior** ☐ yes ☐ no **Exterior** ☐ yes ☐ no
- J. **Windshield condition** Cracks? ☐ yes ☐ no **Does it need to be replaced?** ☐ yes ☐ no
- K. **Wiper blades conditions** ☐ good ☐ fair ☐ replace
- L. **Broom & Shovel on truck to clean bed** ☐ yes ☐ no

FUEL SYSTEM:

- A. **Any fuel leaks?** ☐ yes ☐ no If so, where? _____
- B. **Is the fuel tank breather tube clear of debris?** ☐ yes ☐ no

TRANSMISSION:

- A. **Is the clutch/pedal working properly?** ☐ yes ☐ no
- B. **Swing bearing and u-joint were greased** (date) _____ (mileage) _____

BRAKE SYSTEM:

- TIRES:**

BED:

- ADDITIONAL COMMENTS:**

Revised 7/19/2012